

STATE OF WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
CHARLESTON, WEST VIRGINIA 25317

SALVAGE CERTIFICATE APPLICATION
(\$15.00 FEE)

NAME: _____

Address: _____
(Address) (City) (State) (Zip)

VEHICLE DESCRIPTION

Make: _____ Year: _____ V.I.N. _____

Style of Body: _____ Weight: _____ Odometer _____
(Passenger Vehicle) (Trucks GVW)

COMPLETE IF APPLICABLE:

Flood Damage: _____ Cosmetic Total Loss/Salvage: _____ Requesting a Nonrepairable

Fire Damage: _____ Certificate. Over 75%
damaged. Not to be
Reconstructed.

INDICATED DAMAGE BY MARKING PART ON APPROPRIATE LINE OR LIST PART UNDER "OTHER"

____ Front Bumper	____ Roof Panel	Other (Includes boats, campers, cycles, misc.)
____ Grill Assembly	____ Qtr. Panel – L	
____ Hood	____ Qtr. Panel – R	
____ Fender – L	____ Deck Lid	
____ Fender – R	____ Rear Door S/W	
____ Door Front – L	____ Rear Bumper	
____ Door Front – R	____ Frame	
____ Door Rear – L	____ Suspension	
____ Door Rear – R	____ Seats	
____ Windshield	____ Radio/Tape	
____ Side Glass – L	____ Battery	
____ Side Glass – R	____ Dash Panel	
____ Rear Glass	____ Engine	

IF A LIEN IS TO BE RECORDED, COMPLETE THE FOLLOWING:

Name: _____ Amount: _____ Date: _____
(Lienholder)

Address: _____ Kind of Lien: _____

I hereby certify under penalty of fines and/or imprisonment, that the statements made herein are correct to the best of my knowledge and belief.

Printed Name: _____

Signature: _____ Date: _____
(Original Signature of applicant required, no copies)

ANY ERASURES OR ALTERATIONS WILL VOID THIS DOCUMENT